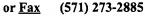
omplete and send this form, together valuapplicable fee(s), to: Mail

Mail Stop ISS FEE Commissioner of Patents P.O. Box 1450 Alexandria, Virginia 22313-1450



appropriate All further cor	respondence including the loclow or directed otherwise	Patent advance or	ders and noti	PUBLICATION FEE (if requification of maintenance fees values a new correspondence address	will be mailed to the current	l correspondence address as			
CURRENT CORRESPONDENCE 23353 75	E ADDRESS (Note: Use Block 1 for 90 07/22/2005 AN & GRAUER PLI	OIPE	Fee(s) Transmittal. The papers. Each addition have its own certificat	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile					
1233 20TH STREE WASHINGTON, E	ET N.W., SUITE 501 DC 20036	_	addressed to the Matransmitted to the USI	addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.					
10/21/2005 MBEYENE2 00		50 TRATE	RAPEA			(Depositor's name)			
01 FC:1501 1400.	00 DA			(Signature)					
83 FC: 8584 395:	88 BA			<u> </u>		(Date)			
APPLICATION NO.	APPLICATION NO. FILING DATE			D INVENTOR	ATTORNEY DOCKET NO. CONFIRMATION NO				
10/519,450	10/519,450 12/30/2004			Kubota	SEM-0004 9722				
TITLE OF INVENTION: SV	WITCHING POWER SUPP								
APPLN. TYPE	SMALL ENTITY	ISSUE FI		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE			
nonprovisional	NO	\$1400		\$300	\$1700 -	10/24/2005			
EXAMINER		ART UNIT		CLASS-SUBCLASS]				
BERHANE, ADOLF D		2838		323-282000	323-282000				
"Fee Address" indicat PTO/SB/47; Rev 03-02 of Number is required. 3. ASSIGNEE NAME AND	ence address (or Change of 12) attached. ion (or "Fee Address" Indica or more recent) attached. Use RESIDENCE DATA TO B an assignee is identified be 37 CFR 3.11. Completion of	Correspondence ition form of a Customer E PRINTED ON T clow, no assignee of this form is NOT	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. THE PATENT (print or type) adata will appear on the patent. If an assignee is identified below, the document has been filed for DT a substitute for filing an assignment. B) RESIDENCE: (CITY and STATE OR COUNTRY)						
SHINDENGEN ELECTRIC MANUFACTURING CO., LTD.			Tokyo, Japan						
Please check the appropriate	assignee category or catego	ries (will not be pri	inted on the p	oatent): 🗖 Individual 🕱 C	orporation or other private gr	roup entity Government			
4a. The following fee(s) are a Issue Fee Dublication Fee (No standard Advance Order - # of	mall entity discount permitte		b. Payment of Fee(s): A check in the amount of the fee(s) is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 18-0013 (enclose an extra copy of this form).						
	MALL ENTITY status. See	37 CFR 1.27.	☐ b. Applic	cant is no longer claiming SMA	LL ENTITY status. See 37 C	CFR 1.27(g)(2).			
NOTE: The Issue Fee and Printerest as shown by the reco	is requested to apply the ISSU ablication Fee (if required) vords of the United States Pate	vill not be accepted ant and Trademark	I from anyone Office.	ny) or to re-apply any previous e other than the applicant; a reg	istered attorney or agent; or t	the assignee or other party in			
Authorized Signature	- In	1		•	October 20, 2005	<u> </u>			
Typed or printed name Toshikatsa Imaizumi					No. <u>L0046</u>				
This collection of informatio an application. Confidentiali submitting the completed ap this form and/or suggestions	n is required by 37 CFR 1.3 ty is governed by 35 U.S.C. plication form to the USPT for reducing this burden, sh	 The information and 37 CFR Time will vary and be sent to the 	n is required to 1.14. This column depending up to this Chief Information.	to obtain or retain a benefit by llection is estimated to take 12 pon the individual case. Any contains officer, U.S. Patent and	the public which is to file (an minutes to complete, includi comments on the amount of ti Trademark Office, U.S. Der	nd by the USPTO to process) ng gathering, preparing, and ime you require to complete partment of Commerce PO			

Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PTO/SB/17 (12-04v2)

Approved for use through 7/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE to a collection of information unless it displays a valid OMB control number.

Under the Pa	ipērwork Reduction Ac	or 1995, n	o person are r	equired to	respond to a collection				control number	
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2005					Complete if Known					
							10/519,450-Conf. #9722			
					Filing Date December 30, 200				<u>-</u>	
					First Named Inventor Kenichi Kubot					
					Examiner Name	A. D. Berhane				
Applicant claims small entity status. See 37 CFR 1.27					Art Unit	2838				
TOTAL AMOUNT OF PAYMENT (\$) 1,715.00					Attomey Docket No. SEM-0004					
METHOD OF	PAYMENT (che	ck all tha	t apply)				·			
Check	Credit Card	Mo	ney Order	No	ne Other (please ident	ify):			
X Deposit Ac	count Deposit Acco	unt Number:	18-0013 r	Deposit Acc	ount Name:	Rader,	Fishman & Gr	auer PLL	2	
For the	above-identified d	eposit ac	count, the D	irector is	hereby authorize	ed to: (chec	k all that apply)			
хc	harge fee(s) indica	ted belov	v		Charg	e fee(s) ind	icated below, ex	xcept for t	he filing fee	
	harge any addition e(s) under 37 CFI			ment of	x Credit	any overpa	yments			
FEE CALCU										
	G, SEARCH, AND	EXAMI	NATION FE	ES		· · · · · · ·				
		FILING		SE	ARCH FEES	EXAMIN	ATION FEES			
Application T	vne Fee	<u>Sr</u> • (\$)	nall Entity Fee (\$)	Fee (\$	Small Entity) Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees F	Paid (\$)	
Utility)0 :747	150	500	250	200	100	1 003 1	aid (V)	
Design		00	100	100	50	130	65	-		
Plant		00	100	300	150	160	80	-		
		-								
Reissue		00	150	500	250	600	300			
Provisional	20)0	100	0	0	0	0			
2. EXCESS CL								Fee (\$)	Small Entity Fee (\$)	
Fee Description Each claim ove	r 20 (including Re	issues)						50	25	
	ent claim over 3 (in	•	Reissues)					200	100	
Multiple depend	•		,					360	180	
Total Claims	Extra Claims	. Fee	· (\$)	Fee F	Paid (\$)	Mu	ıltiple Depende	ent Claims		
	- 20 =							ee Paid (\$		
	·-						<u> </u>		<u></u>	
Indep. Claims	Extra Claims		(\$)	Fee F	Paid (\$)					
	- 3 =	- ×	= _							
3. APPLICATIO										
If the specifica	ation and drawings	exceed	100 sheets o	of paper	(excluding electr	onically fil	ed sequence or	computer	0	
sheets or fr	ler 37 CFR 1.52(e) action thereof. Se)), the ap	Discation \$12	(G) and	e is \$250 (\$125 i 37 CFR 1 16(s)	or small er	itity) for each a	ddillonai 5	U	
Total Sheet					dditional 50 or frac	tion thereof	Fee (\$)	Fee I	Paid (\$)	
Total Officer	- 100 =				(round up to a who	-		- <u> </u>	4.47	
4. OTHER FEE					•	,		Fees	Paid (\$)	
Non-English	Specification, \$	130 fee (no small en	tity disc	ount)				-	
Other (e.g., late filing surcharge). 1501 Utility issue fee									1,400.00	
1504 Publication fee for early, voluntary, or normal 8001 Printed copy of patent w/o color									0.00	
<u></u>		800	r Printed C	opy of p	Datent W/O COlor			1;	5.00	
SUBMITTED BY				1 insite	d Boognities No					
Signature	7.0	-			d Recognition No. ey/Agent)	L0046	Telephone	(202) 95	5-3750	
Name (Print/Type)	Toshikatsu Ima	vizumi -					Date	October 2	20, 2005	